

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2016 OCT 20 PM 12:06

Johnnie Johnson TN #349-15-07773
[REDACTED]

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

16CV8249
COMPLAINT

(Prisoner)

Warden William Branc's CTAZL

Do you want a jury trial?

Yes No

Captain Simcz Sheld #3660

Captain Summce's CTAZL.
#110.8

Captain Ncc Sheld #125.9 CTAZL.

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: I was Seuped, and Brdly Beaten.

II. PLAINTIFF INFORMATION Slammed on Texr Stare's.

Each plaintiff must provide the following information. Attach additional pages if necessary.

Johnny

First Name

Middle Initial

Gibson

Last Name

NONC

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-15-07773 Manhattan House of Detention.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Manhattan House of Detention For Men

Current Place of Detention

125 White Street (MHD)

Institutional Address

New York

County, City

New York 10013

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Warden William Barncis</u>		
First Name	Last Name	Shield #
<u>Warden of Said institution</u>		
Current Job Title (or other identifying information)		
<u>125 White Street (MHD)</u>		
Current Work Address		
<u>New York New York 10013</u>		
County, City	State	Zip Code

Defendant 2:

<u>Captain Tomencz</u>		
First Name	Last Name	Shield #
<u>Institutional Captain</u>		
Current Job Title (or other identifying information)		
<u>125 White Street (MHD)</u>		
Current Work Address		
<u>New York New York 10013</u>		
County, City	State	Zip Code

Defendant 3:

<u>Captain Summers</u>		
First Name	Last Name	Shield #
<u>Institutional Captain</u>		
Current Job Title (or other identifying information)		
<u>125 White Street (MHD)</u>		
Current Work Address		
<u>New York New York 10013</u>		
County, City	State	Zip Code

Defendant 4:

<u>Captain Ncc</u>		
First Name	Last Name	Shield #
<u>Institutional Captain</u>		
Current Job Title (or other identifying information)		
<u>125 White Street (MHD)</u>		
Current Work Address		
<u>New York New York 10013</u>		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

Manhattan Detention Center
Housing Area 5 North

Date(s) of occurrence:

August 21st 2011

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On August 21st 2011 On a Sunday Night
I Johnny Gibson ID # 349-15-A7773
NYSD # DT225384H Missed My Mental
Health Psychiatrist Medicines & Because
I was asleep at the time when Medication
is normally taken. Therefore, I then
immediately informed the Floor Officer,
who brought it to the attention of the
Supervisor Captain NCC Shicld # 1255.
Captain NCC Shicld # 1255 then escorted
me and another inmate to the Clinic.
Captain NCC stated to me this writer
that the Doctor said I refused my
Medication's. and that I had to go back
upstairs to my Housing Area 5 North,
because of my Medicines. I then complained.
I left the Clinic, and was met by Captain
C. Simencz Shicld # 336 and Captain Bradley
Shicld # 1639. At this point I was then
ordered by Captain Simencz to put my hands
behind my back, and I complied. "I this
writer was then locked up and assaulted
by Captain Simencz and other
Officer's CTAZL. Captain Simencz

I Smashed the right side of my Head against the wall and slammed me to the floor. My Head Broke my Hand, and I then landed on my left side. I was then kicked in both my Head, Neck, shoulder's back and shoulder's. At this time I was then forced-up, and dragged to my cell. I was then left in my cell for more than an hour. Afterward, I was taken to medical. -Continued-

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I HAVE Damages to my Head Neck and Shoulder's. I am constantly in excruciating pain. I've informed all of the Authority's at this Facility (MHD) and nothing has prevailed in regard's to Medical Attention. I've Contact 311. And as of today I am doing a grievance in which I have enclosed.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like for the Court to order me this writer to see a Medical Doctor, in regard's to X-Ray's, M.R.I.'s, and Medicine's as it relate's to this Matter. As the Court Award's no Money Damage's in the amount of 5 Million Dollar's for I am claiming Assault in the First Degree Causing Mental Suffering, and Emotional Distress "Medical Exception" in regard's to Civil Liability's as it relate's to Abuse of Discretion

One Hour Later. Initially the first physical abuse occurred at 10:30 pm (in which I was denied medical attention). "Again" twice spending one hour in my cell and going through excruciating pain, I was then taken to medical a second time, and again denied medical attention twice. I was brought back upstairs once again and assaulted this time by Correction Officer Sandra and Correction Officer Dolomedo shield #4338 a man streaked executed by female Captain Summers. They slammed me from the 6th step on a flight of iron stairs while I was yet still handcuffed from the first incident at 10:30 pm. The second incident occurred at 11:00 pm just 30 minutes prior to the last.

Finally In Concluding, they will the above-named individual's participated in slamming me to the floor from the stairs on my head again, placing a knee on my head with extreme force and pressure and then picked up,

And taken to the intake unit, left in
flex cuffs for 40 minutes to an hour.

Honorably Submitted.
JOHNNY GIBSON ID# 349-15-07773
Plaintiff Prose.

D.S.: Please be advised that
All medical records will be
provided at trial.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 25th 2016

Dated

Johnny Gibson

Plaintiff's Signature

Johnny

J

Gibson

First Name Middle Initial Last Name

125 White Street (MHD)

Prison Address

New York, New York 10013

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

August 25th 2016

Attachment B

Form #7101R, ETC: 09/10/12, Ref: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Gibson Johnny	Book & Case #: 3491507773	NYCIS ID #: [REDACTED]
Facility: MDC	Housing Area: 5 North	Date of Incident: 8.21.16
		Date Submitted: 8.25.16

All grievances and requests must be submitted with intent to cause administrative difficulties or the condition of issues raised. The Office of the Inmate Grievance and Requests Program (IGRP) is responsible for investigating and resolving grievances and requests. All grievances and requests must be submitted in writing. I understand that if my grievance or request is denied, I may file an appeal with the Office of the Commissioner of Corrections and Community Supervision (OCCS) within 30 days of receiving notice.

Request or Grievance:

This Grievance is being written in regards to the above date of an incident in which occurred on Sunday Nite Approximated 10:30 PM until 11:00PM I Detainee Johnny Gibson Book in case number 3491507773 Badly and Brutally beaten and is being denied Medical treatment.

Action Requested by inmate:

I'm requesting immediate Medical Attention at this time. And would like the Medical Department at this Facility (MDC) to ad here to my request

Please read below and check the correct box:

- Do you agree to have your statement edited for clarification by IGRP staff?
 Do you need the IGRP staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you require the assistance of an interpreter?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Johnny Gibson Date of Signature *August 25th 2016*

Form #7101R, ETC

THIS IS THE ORIGINAL COPY OF THIS FORM TO BE MAILED OR PROVIDED TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #: _____	Category: _____
Inmate Grievance and Request Program Staff's Signature: _____		